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ABSTRACT

In this experimental program the client is involved directly from the initial interview. The intention of the program is to give the disabled a more autonomous role by sharing common successes, problems and failures in group discussions with other disabled persons. Budgeting, child care, and nutrition are included in the academic program which utilizes low level, high interest books. Emphasis is placed on personal relationships between tutors and clients. Client ages range from 16 years to adult years. Work training and job placement are an integral part of the project. The focus is on enabling handicapped persons to risk their own security and dependence in order to become more functioning members of society. (SBP)

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THE ROLE OF THE DISABLED IN THE OVERALL PICTURE OF THE REHABILITATION PROCESS

- Cecil J. Whitten

Presented to the Canadian Guidance and Counselling Association, Atlantic Regional Conference, Halifax, Nova Scotia.

May 13th. and 14th., 1976

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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THE ROLE OF THE DISABLED
IN THE
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It has been the practice in past years for the role of the rehabilitation counsellor to be predominant in the relationship to the client and the rehabilitation process. It is my belief that this role is now changing in an exciting and dramatic way which allows the disabled or disadvantaged client to participate more fully in his own rehabilitation process. This is not to say that our role, as professionals, has or will diminish. Contrarily, it points out a new and challenging dimension to the counselling profession--that of training our clients to listen and to understand themselves as individuals, this being done by involving as many individuals with the same exceptionality who have progressed to different levels of normalization to plug into each other's experiences both positive and negative.

It is my feeling, based on results of recent research involving such clients of the cerebral palsied population in a scheme of academic upgrading, combined with counselling, both on a professional and non-professional level, with the overall goals and objectives in mind, to allow the client to progress at his own rate of speed discovering his own strengths and limitations and learning through counselling and personal experience to deal with both as they arise. This often creates many crises situations which we have dealt with immediately; this allows the cerebral palsied person immediate feedback on his own progress or lack of progress.

The scope of this paper, while not being technical, will attempt to show the feelings and aspirations of our clients within the above population group, the visual evidence of this being the video taping of clients' reactions which will be shown as a part of my overall presentation.

> "Surgery, occupational and physical therapy can improve the physical condition but it is often the manner in which the friends of the cerebral palsied and the people they meet in every day life accept them, that determines the extent of rehabilitation."
>
> - Cecil J. Whitten
> "CEREBRAL PALSY--WHAT IS IT?"

The question that you people will ask is to what extent we, as counsellors, are actually contributing to or detracting from our clients' rehabilitation by our own unconscious attitudes and biases?

FOREWORD

Longstanding practice in the field of rehabilitation counselling has tended to exclude the client from the overall picture of his rehabilitation. By this, I mean to say that we tend to treat our disabled clients as patients rather than individuals. All to often, our clients become merely statistics on various charts and testing data.

Most rehabilitation clients will fall into two categories, either new or first-time clients in which case very little information has been compiled concerning the various facets necessary for the clients' rehabilitation or long-term chronic rehabilitation clients whose history would compile many interesting volumes. When one encounters a client who is between the age of thirty and forty who has a chronic history of welfare dependency, medical, and psychiatric history, all too often the counsellor becomes trapped in a stereotype of his client's past history.

One of the basic premises of this paper is that if past history is correct and valid, there must be some alternate reason why this individual client has not been successfully rehabilitated, that is to say, has not been rehabilitated to the point where his own decision making thesis has developed to the point of minor or major decision making toward goal-oriented alternatives. If this is not the case, then, obviously, there was something lacking in the former techniques used by the various agencies involved with this client; therefore, a new and somewhat unusual approach involving all previous forms of counselling therapy should be implemented with one difference--that being the involvement of the client directly, from the initial interview.

This philosophy has been the base of our two-year program, Cerebral Palsied--St. John's, Phases I and II. The following chapters of this paper will put forth the goals, objectives, and most recent results of the above program for your consideration and comment.

CHAPTER I

The role of the disabled in our two year pilot Project has been distinctive in many ways. It is our basic belief that by the sharing of common successes, problems, and failures, the disabled can have a great deal of imput in their future.

This Project, Cerebral Palsied--St. John's, Phase II consists of seventeen employees, eleven of whom are disabled; nine being cerebral palsied; two being learning disabled. A normal work day would consist of a full academic program for seven of the disabled clients. Programming is devised by three qualified teachers and consists of the following:

BUDGETING: This is the basic mathematics of daily living, i.e., the division of the client's weekly pay cheque to pay his or her basic expenses- rent, heat, light, clothing, etc. We have found, particularly, in this phase of the Project that the clients with whom we deal have been, for the most part, chronic Welfare recipients, leaving a lack of basic information regarding money matters. This has resulted due to the fact that such basic necessities as accommodation, heat, light, and in many cases, food, have been provided leaving enough actual cash for the client to use for personal recreation expenses. It was found in the beginning of this Project that some clients assured that all of the weekly pay cheque could be used similarly to the cheque they received from their Social Assistance, resulting in a lack of finances at the end of each week and month; thus, the budgeting class seeks, by use of general discussion and practical hints, to rectify this situation.

CHILD CARE: It has been a general assumption that a disabled individual, be he cerebral palsied or any other form of disability, would have no real need or interest in a subject such as child care, however, one of our clients is a mother of a one-year old child who is not cerebral palsied.

This created, for her, a number of questions and concerns which were brought out in general counselling sessions. After discussions on several of these matters, it was decided that a course in child care consisting of basic stages in child development at a simplified level, would be introduced. Nutrition, consisting of information about the proper diet for children of various ages, would also serve the purpose of improving the dietary habits of the clients involved in the course. The final aspect of the child care course is a short discussion on all aspects of family planning and family life which gives the clients a chance to discuss some of their own family situations. It was felt that all the clients could benefit from such a course as we feel and believe that all disabled individuals are capable of having a family, and with the aid of professional guidance, are capable of taking care of themselves.

Included in our academic program, as well, is reading at each client's level of ability which we found, quite naturally, has varied with the number of years the client has been out of the regular school system. We use for this program low level, high interest books, namely " The Focus Series" which we have found to be quite effective. Our mathematics program is geared to each individual's ability and interest, interest being the future type of employment for immediate necessities which mathematics can fill. The program also consists of Geography, History, Health, and some elementary Science with one individual doing a Gregg typing course in place of Science. The academic commences at 10:00 a.m. and concludes at 3:00 p.m.; during these hours, clients and tutors are placed in a constant relationship, the ratio being 2.5-1. A great deal of emphasis has been placed on the personal relationships between tutors and clients. We have found that the more we become involved with each other as individuals, the easier it has become to locate and rectify many of our questions and problems.

Group discussion and role playing sessions are held regularly in order to foster the necessary relationship with each other. The addition of our client's child to our classroom situation on a regular basis has become an enriching experience for both child and adult.

Situations have arisen within this Project which have, at times, required intensive personal counselling with the client and the client's family. We try, however, to keep the involvement of the client's family at an absolute minimum. While recognizing the value of total family involvement in any academic or problem oriented situation, we must remember that these particular clients range in age from sixteen to thirty-five, and in the majority of cases, have been grossly overprotected for most of their lives; thus, we try to foster and encourage decision-making on all matters which relate directly to the clients' wishes and goals. It is, however, to be remembered that these clients are severely disabled and require some form of guidance and direction--guidance and direction as apart from direct decision-making by the counsellor or non-disabled staff member.

The youngest client involved in this program is sixteen years of age which, at first, proved to be difficult from a legal stand point in that it was necessary to consult with the parents on certain decision-making situations, however, we find for the most part that the family backgrounds and situations of our clients are such that it is hard to foster any kind of relationship or interest in the program as it relates to their "child". There has been for so many years a defeatist attitude taken by the parents so that it is often harder for the client to convince his parents of the necessity for change in his life than it is for him to convince himself.

At this point in our counselling we try to point out, through use of personal experience, that it is often more difficult for parents to accept change, in that any move made towards independence will also change the life style of the family unit as a whole, an example being when a client becomes more mobile and insists on being transported to various functions and becoming more active within the community, it often requires the parents' assistance or the parents' willingness to accept the fact that the client can and does function on his own after such a prolonged period of total care. In arranging the physical facilities for this Project, it was felt that the environment for the academic section was most important in that a regular school setting or an isolated private setting would not be suitable for clients in the age range with which we would have to deal. We found, fortunately, that a University setting was available which allowed us to set up a one-room school environment while still being in an environment of higher learning with people in our own age bracket. It also provides the opportunity for interaction with University students and staff which is a vital part of the social re-adjustment of the client. This type of setting was also found to be convenient in that materials were readily available from various departments within the Education Committee. We have found the co-operation by the University in our attempts to rehabilitate ourselves, to be of the highest calibre enabling us to use the professional knowledge and skills of trained psychologists and rehabilitation counsellors. This we know has been a growth experience for us as disabled individuals, and I am sure for the professionals involved, it has taken the realm of vocational rehabilitation out of a stereotype with which it has been labelled for so long, for within this setting, we, as disabled people, have truly become involved in our own goal seeking and decision-making processes, making use of professional help and advice only when we find

such help and advice is desirable; thus, assuring a greater role for the disabled in the overall picture of the rehabilitation process.

CHAPTER II

Actual work training for on the job placement has become an integral part of this Project. We approach this aspect of our rehabilitation by looking at what our long-range objectives and future goals are. We find that placement has been easiest in restaurant and office situations. The employer is informed of the nature of the client's disabilities and the problems the employer can expect the client to have within the particular job placement. If the employer agrees to allow the client to be placed within his work situation, the Project will supply the salary unit for its client for the period of time he or she is within the work setting. We have found that the employers of one restaurant, one oil refinery, and two volunteer agencies have been very considerate of our attempts to involve themselves in our own rehabilitation.

Contact with the client, at an actual job placement, is kept at a minimum; without such contact the client is forced to rely on his own resourcefulness in overcoming social and work situations which arise from day to day, however, the client is made aware at the outset that each member of the staff is available to him or his employer if the need should arise. Job placement areas are found after discussion with the client as to his own objectives regarding future employment. A meeting between the employer and Project staff is arranged prior to the client being placed in a particular work situation. The employer is aware, with the client's permission, of all necessary information which has been gathered regarding the client's past rehabilitation history. If after a reasonable period of time, the employment situation is not successful, the client is removed from that placement and returned to the Project offices for a further period of counselling and discussion.

The placement program has been successful due, mainly, to two factors:

(1) The willingness of the employer within the Community to accept our program on its merits.

(2) The willingness of the individual client to exert a great deal of effort on his own behalf.

We have found this phase or our Project to be invaluable in assessing the overall capabilities of each individual client involved in work placement.

In attempting a program such as this, it is of vital importance that the employers and the Community, in general, support such a program, and that each individual employer is made aware, at the outset, of the difficulties which the client is likely to have within his particular work situation; thus, a good counselling base with the client prior to work placement is a necessity. While this concept employs some of the basic ideas of a sheltered workshop program, it differs in one important area in that the client is placed in a work situation which is in the Community where he must deal with, primarily, non-disabled people, and all the problems and frustrations which such dealings will offer.

The salaries for this Project are competitive with salaries being offered for the actual work situation. Salaries range from $152.00 to $110.00, per week; thus, removing any implied stigma from the job situation.

When one screen a prospective client for work placement such as this, one must be wary of the employer who will agree to a work placement merely to avail himself of a free employee for six months. There must be a willingness on the part of the employer to take part in the rehabilitation and retraining of the client who is placed in his particular situation.

We have been fortunate in that all these factors have come together to make this Project a success, and we hope, to some degree, we have proven that direct involvement by the disabled population in their own rehabilitation, can be a positive and rewarding experience for all.

CONCLUSIONS

While this Project has been approached by individuals for their own betterment, we have found that the use of such techniques as contractual analysis, reality therapy, and personal goal directive counselling, has been most useful in creating the overall positive results which we have found.

It is most important that a Project such as this be guided by professionally competent individuals and that use be made of all available Community and professional resources. It is important that all individuals who have been previously involved with the client's rehabilitation, be consulted and a positive liaison be fostered.

Given the above factors, combined with a group of disabled individuals who are willing to risk their own security and dependence in order to become a more functioning member of our society, a Project such as this will doubtlessly meet with the success desired, but, the important factor in achieving this success is the role of the disabled person in the integration of rehabilitation services.

RECOMMENDATIONS

After due consideration of the results of this Project, we offer the following recommendations for consideration and comment:

(1) that any future attempt by disabled individuals to be involved in a venture such as this, will require,

(a) that any salary unit paid to a client be placed on a performance basis; thus, providing the necessary lever to ensure that the client is functioning at his maximum capacity.

(b) that any monies paid to a client would be such to that client's ability and desire to be paid.

(2) that any future funding of a Project of this nature be of at least three years duration to allow for long range planning and future follow-up of the client's success in order to provide an accurate statistical base on which to evaluate the overall success of such Projects.

(3) we recommend that before such an attempt is taken on, the individuals to be involved would be thoroughly tested and screened to ensure that the information and data available regarding the client's rehabilitatio is the latest information available.

(4) we recommend that any rehabilitation scheme involving disabled clients also involve the families of these clients and that joint and separate counselling of a family nature be made available to parents and wives or husbands of clients involved.

(5) it is desirable that any attempt to fund such a Project be done with the full co-operation of all levels of Government. It is, also, advisable that the Governmental funding agency remain as a secondary factor in the rehabilitation scheme. This avoids the

danger of a Governmental Department or agency, not directly involved in the rehabilitation field, being able to dictate policies regarding the operation of such a Project.

(6) Finally, we recommend that there be a minimum of professional non-disabled involvement in any such Project.
We would remind anyone attempting such a Project that the success or degree of success achieved would depend, largely, on the people involved and their goal-oriented ideas.

Comments and criticisms of these recommendations would be greatly appreciated over the next few days. For further information, contact me by writing: P.O. Box 5544, St. John's, Newfoundland; Telephone No. (709) 579-8835.